

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

SUMMONS IN A CIVIL CASE

HAL RUDDICK, TIMOTHY THOMAS, FELICIA
BRYANT, BARRY CARR, MOSHE DAVIS and
MARSHALL MAUER as Trustees of THE SERVICE
EMPLOYEES INTERNATIONAL UNION LOCAL 4
HEALTH AND WELFARE FUND and HAL RUDDICK,
TIMOTHY THOMAS, FLOYD SCHLOSSBERG and
MARSHALL MAUER as Trustees of THE SERVICE
EMPLOYEES INTERNATIONAL UNION LOCAL 4
PENSION FUND,

Plaintiffs,

v.

REGAL HEALTH & REHAB CENTER, INC.,

Defendant.

Docket Number:

07 C 7030

Assigned Judge:

**JUDGE DARRAH
MAGISTRATE JUDGE VALDEZ**

Designated
Magistrate Judge:

TO: REGAL HEALTH & REHAB CENTER, INC.
c/o Michael Lerner, President & Registered Agent
3553 W. Peterson Avenue, Suite 101
Chicago, IL 60659

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFFS' ATTORNEY:

LaKisha M. Kinsey-Sallis
Dowd, Bloch & Bennett
8 South Michigan Avenue, 19th Floor
Chicago, IL 60603

an answer to the complaint which is herewith served upon you, within twenty (20) days after service of this summons upon you exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

Michael W. Dobbins, Clerk

Date

Nadine Shirley

(By) DEPUTY CLERK

December 14, 2007

Date



RETURN OF SERVICE

Service of the Summons and Complaint was made by me.

DATE: _____

NAME OF SERVER (PRINT) _____

TITLE _____

Check one box below to indicate appropriate method of service-

- ☐ Served personally upon the defendant. Place where served: _____

- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.
Name of person with whom the summons and complaint were left: _____

- ☐ Returned unexecuted: _____

- ☐ Other (specify): _____

STATEMENT OF SERVICES FEES

TRAVEL	SERVICES	TOTAL
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DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on _____
Date
Signature of Server

 Address of Server

Form BCA-5.25 (Rev. Jan. 2003)	AFFIDAVIT OF COMPLIANCE FOR SERVICE ON SECRETARY OF STATE UNDER THE BUSINESS CORPORATION ACT	File # <u>5675-6418</u>
Jesse White Secretary of State Department of Business Services Springfield, IL 62756 217-524-6748 www.cyberdriveillinois.com	This space for use by Secretary of State. FILED JAN 22 2008 JESSE WHITE SECRETARY OF STATE	SUBMIT IN DUPLICATE
Remit payment in check or money order payable to Secretary of State.		Date: Filing Fee: \$10 Approved: <u>Bm</u>

1. Title and Number of Case:

Hal Ruddick, et al.

first named plaintiff

Regal Health & Rehab^VCenter, Inc.

first named defendant

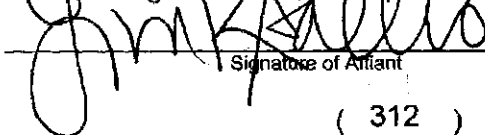
Number 07 C 70302. Name of corporation being served: Regal Health & Rehab Center, Inc.3. Title of court in which an action, suit or proceeding has been commenced: US District Court, ND Ill.4. Title of instrument being served: Summons & Complaint

5. Basis for service on the Secretary of State: (check and complete appropriate box)

- a. ☒ The corporation's registered agent cannot with reasonable diligence be found at the registered office of record in Illinois.
- b. ☐ The corporation has failed to appoint and maintain a registered agent in Illinois.
- c. ☐ The corporation was dissolved on _____, _____; the conditions of paragraphs (a) or (b) above exist; and the action, suit or proceeding has been instituted against or has affected the corporation within five (5) years thereafter.
- d. ☐ The corporation's authority to transact business in Illinois has been withdrawn/revoked (circle one) on _____, _____.
- e. ☐ The corporation is a foreign corporation that has transacted business in Illinois without procuring authority, contrary to the provisions of the Business Corporation Act of 1983.

6. Address to which the undersigned will cause a copy of the attached process, notice or demand to be sent by certified or registered mail: 3553 W. Peterson Avenue, Suite 101, Chicago, IL 60659

7. The undersigned affirms, under penalties of perjury, that the facts stated herein are true, correct and complete.



Signature of Affiant

January 16, 2008

Month & Day

Year

(312)

372-1361

Telephone Number

Return to (please type or print clearly):

LaKisha M. Kinsey-Sallis

Name

8 S. Michigan Avenue, 19th Floor

Street

Chicago, IL 60603

City/Town

State

ZIP